

REQUEST FOR ADVANCE INPUT FORM



Commonwealth of Massachusetts
Office of the Comptroller

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TO THE COMPTROLLER OF THE COMMONWEALTH OF MASSACHUSETTS:

I hereby certify under the penalties of perjury that all laws of the Commonwealth governing disbursements of public funds and the regulations thereof have been complied with and observed:

Prepared By: _____ Title: _____ Date: _____
Approved By: _____ Title: _____ Date: _____
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